

## Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

## **Disease/Agent Suspected or Test Requested:**

## **Echovirus culture**

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul> <li>Throat swab</li> <li>CSF</li> <li>Feces</li> <li>Pericardial fluid</li> </ul>
TDH Requisition Form Number	PH-4182
Media Requirements	Viral Transport Media
Special Instructions	
Shipping Instructions	Ship <b>COLD</b> on cold packs Ship on dry ice <i>if already frozen</i>
Laboratory Section Performing Testing	Virology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).